

ARIZONA CORPORATION COMMISSION
UTILITY ANNUAL REPORT FOR
CUSTOMER OWNED PAY TELEPHONE PROVIDER (COPT)

(ANNUAL REPORT MAILING DATA - PLEASE COMPLETE/ CHANGE, IF NECESSARY)

FOR YEAR ENDING

| | | |
|-------|-----|------|
| 12 | 31 | 2003 |
| MONTH | DAY | YEAR |

REPORT DUE: February 1, 2004

**SEND TO: ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION - ANNUAL REPORTS
1200 WEST WASHINGTON STREET - SUITE 206
PHOENIX, ARIZONA 85007**

Are you providing pay telephone service at this time? ☐ Yes ☐ No

If no, Explain: _____

OWNERSHIP OF PAY TELEPHONE COMPANY:

- | | |
|---|--|
| <input type="checkbox"/> Sole Ownership (S) | <input type="checkbox"/> Bankruptcy (B) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Receivership (R) |
| <input type="checkbox"/> C Corporation (C) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Subchapter S Corporation (Z) | <input type="checkbox"/> Other (X) |

State in which Incorporated (if Other, Please Specify)

☐ Arizona ☐ Other _____

Processed by: _____ For Commission use only _____ Scanned:

| | | | |
|--|-------|----|--|
| | ANN03 | 03 | |
|--|-------|----|--|

Docket No.

Year Ending 12/31/2003

Company Name:

COUNTIES SERVED:

- | | | |
|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Pima |
| <input type="checkbox"/> Apache | <input type="checkbox"/> La Paz | <input type="checkbox"/> Pinal |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Mohave | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> Gila | <input type="checkbox"/> Navajo | <input type="checkbox"/> Yuma |
| <input type="checkbox"/> Graham | | |

Local Office Tel. No. _____ After Hrs./Emerg. No. _____
(Include Area Code/Ext.) (Include Area Code/Ext.)

Management Contact

(Name)

(Street)

(City, State & Zip) (Area Code & Tel. No./Ext.)

Attorney

(Name)

(Street)

(City, State & Zip) (Area Code & Tel. No./Ext.)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Docket No.

Year Ending 12/31/2003

Company Name:

PAY TELEPHONE LOCATIONS: (If prison, give name and location of prison)

Attach a list of, or describe below, the pay telephone locations using the following minimum information:

[illegible]

**VERIFICATION
AND
SWORN STATEMENT**

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

| | |
|--------------------------|-------|
| COUNTY OF (COUNTY NAME) | |
| NAME (OWNER OR OFFICIAL) | TITLE |
| COMPANY NAME | |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| | | |
|--------------------|------------------|---------------------|
| MONTH 12 | DAY 31 | YEAR 2003 |
|--------------------|------------------|---------------------|

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM **ARIZONA INTRASTATE CUSTOMER OWNED PAY TELEPHONE OPERATIONS** DURING

CALENDAR YEAR

2003

WAS

| |
|-------------|
| (\$ ONLY) * |
|-------------|

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$ _____
IN SALES TAX MONIES BILLED OR
COLLECTED.)

*REVENUE REPORTED ON THIS PAGE MUST
INCLUDE SALES TAX MONIES BILLED OR
COLLECTED.

X

SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

| |
|--|
| |
|--|

DAY OF

(SEAL)

MY COMMISSION EXPIRES

| | |
|--------------------|------|
| NOTARY PUBLIC NAME | |
| COUNTY NAME | |
| MONTH | YEAR |

X

SIGNATURE OF NOTARY PUBLIC